

FST

**Maine Revenue Services
Gasoline and Special Fuel
Floor Stock Return**

041240000

Registration No.

Period Begin

Period End

Due Date

1. Entity Information

Use this area only to report changes in your business

2. **OUT OF BUSINESS?** Check here ☐ Date closed: _____
Return permit to Maine Revenue Services
3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here _____ and check off type of change below:
☐ Incorporated ☐ Partner added or dropped
☐ Other (explain on reverse)
☐ Sold to _____
4. **NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE?: If your address above is incorrect, please make the appropriate changes to the preprinted address.

Do Not Use Red Ink!

Floor Stock Inventory	
Gasoline	Number of gallons of gasoline on hand 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> @ \$.006 1a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Aviation Gas	Number of gallons of aviation gas on hand 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> @ \$.006 2a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Diesel Fuel	Number of gallons of diesel fuel on hand 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> @ \$.006 3a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Total Due	Total tax due with this return (Total lines 1a, 2a and 3a) 4. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Credits	Credit carry forward from prior period 5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Amount Due	Line 4 minus line 5. Use line 7 if the result is a credit amount. 6. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Refund Due	If Line 4 minus line 5 is a credit amount, enter the amount to the right. 7. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>



Mail To:
Maine Revenue Service
P.O. Box 1064
Augusta, ME 04332-1064

Signature and Title

Print Name

Date

Phone #

